REMARKS/ARGUMENTS

Claims 1 and 16-42 are pending and were examined. All claims were rejected as being obvious over the Ouriel '003 application in combination with Hoffman '977 and Van Tassel '778. Such rejections are traversed in part and overcome in part.

Independent claims 1 and 21 have been amended to more particularly recite a preferred structure of the present invention where the therapeutic agent-carrying member comprises a skirt which extends from the stent (claim 1) or anchor (claim 21) into the aneurysm to contact an inner wall of the aneurysm to release the therapeutic agent to the wall. None of the cited art remotely describes such a structure.

The Ouriel '003 publication describes a graft for treating an aortic abdominal aneurysm. While the graft includes a stent structure 46 which presumably could be placed between the renal arteries above an aortic aneurysm, the graft structure includes no skirt or other structure which is capable of contacting an inner wall of the aortic aneurysm to deliver a therapeutic agent to the wall. As described in paragraphs 1-3 of Ouriel, the physical properties of various of the "modules" of the graft structure can be modified to achieve various biological responses, including providing "variations in the chemical properties . . . of at least one module incorporating an anti-thrombogenic agent, such as heparin, to decrease the propensity for clot formation and/or the outer surface incorporating a thrombogenic agent, such as thrombin, to increase the propensity for clot formation." Thus, Ouriel '003 suggests that thrombin may be coated over some portion of the outer surface of the graft structure. There is no teaching whatsoever that thrombin, or any other agent, be released from the graft and certainly no suggestion that thrombin or any other agent be delivered into the wall of the aneurysm by a skirt or any other structure.

The Examiner relies on the teachings of the Hoffman '997 patent to suggest the substitution of collagen or an antibacterial agent, such as tetracycline, for the active agents of Ouriel '003. Applicants disagree.

While Hoffman does describe the incorporation of collagen in an aortic graft, the collagen is shown to be coated on the inner surface of the substrate 26, as described at Column 3,

lines 30-32. While the collagen may be complexed with a variety of antibacterial agents, including tetracycline (Column 6, line 1), the combination would still presumably be coated on the interior as the purpose is to "prevent infection and inhibit clotting along the inner surface of the prosthesis." *See*, Column 5, lines 62-65. Thus, the teachings of Hoffman hardly suggest that tetracycline or any other therapeutic agent be incorporated in a skirt which extends into the aneurysm to contact an inner wall of the aorta.

Finally, while Van Tassel does suggest that tetracycline can be effective for treating abnormal vascular dilation, there is nothing in Van Tassel, taken alone or in combination with Ouriel or Hoffman, which would suggest incorporating tetracycline or any other drug into a skirt which extends into an a aneurysm to contact the inner wall of an aorta to release the drug.

On page 5 of the Action, the Examiner argues that the teaching of Hoffman that the drug be released into blood is irrelevant since blood is a tissue. Without conceding the correctness of that argument, Applicants note that claims 1 and 21 clarify that the therapeutic agent is to be released into the wall of the aorta, not into blood, regardless of whether blood is a tissue or not.

For these reasons, Applicants believe that independent claims 1 and 21 clearly distinguish over the art of record. For that reason, Applicants believe that all pending claims are in condition for allowance and request that the application be passed to issue at an early date.

If for any reason the Examiner believes that a telephone conference would in any way expedite prosecution of the subject application, the Examiner is invited to telephone the undersigned at 650-326-2400.

Respectfully submitted,

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